

STATE OF SOUTH CAROLINA

(Caption of Case)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER SHEET

DOCKET
NUMBER: 2009. 127. TPrestige Transportation Services, LLC
for Class C Non-Emer.
Certification

(Please type or print)


Submitted by: Odessa M. Johnson
Address: 109 Concord Place Rd.
Irumo, SC 29063SC Bar Number:
Telephone: 803-407-7574
Fax: 803-407-7574
Other:

Email: mrsomjohnson@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition ☐ Request for item to be placed on Commission's Agenda expeditiously☐ Other:

INDUSTRY (Check one)	NATURE OF ACTION (Check all that apply)			
<input type="checkbox"/> Electric	<input type="checkbox"/> Affidavit	<input type="checkbox"/> Letter	<input type="checkbox"/> Request	
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Agreement	<input type="checkbox"/> Memorandum	<input type="checkbox"/> Request for Certification	
<input type="checkbox"/> Electric/Telecommunications	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion	<input type="checkbox"/> Request for Investigation	
<input type="checkbox"/> Electric/Water	<input type="checkbox"/> Appellate Review	<input type="checkbox"/> Objection	<input type="checkbox"/> Resale Agreement	
<input type="checkbox"/> Electric/Water/Telecom.	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Petition	<input type="checkbox"/> Resale Amendment	
<input type="checkbox"/> Electric/Water/Sewer	<input type="checkbox"/> Brief	<input type="checkbox"/> Petition for Reconsideration	<input type="checkbox"/> Reservation Letter	
<input type="checkbox"/> Gas	<input type="checkbox"/> Certificate	<input type="checkbox"/> Petition for Rulemaking	<input type="checkbox"/> Response	
<input type="checkbox"/> Railroad	<input type="checkbox"/> Comments	<input type="checkbox"/> Petition for Rule to Show Cause	<input type="checkbox"/> Response to Discovery	
<input type="checkbox"/> Sewer	<input type="checkbox"/> Complaint	<input type="checkbox"/> Petition to Intervene	<input type="checkbox"/> Return to Petition	
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Consent Order	<input type="checkbox"/> Petition to Intervene Out of Time	<input type="checkbox"/> Stipulation	
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Discovery	<input type="checkbox"/> Prefiled Testimony	<input type="checkbox"/> Subpoena	
<input type="checkbox"/> Water	<input type="checkbox"/> Exhibit	<input type="checkbox"/> Promotion	<input type="checkbox"/> Tariff	
<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Expedited Consideration	<input type="checkbox"/> Proposed Order	<input type="checkbox"/> Other:	
<input type="checkbox"/> Administrative Matter	<input type="checkbox"/> Interconnection Agreement	<input type="checkbox"/> Protest	<div style="text-align: center;">  MAR 18 2009 PSC SC DOCKETING DEPT. </div>	
<input type="checkbox"/> Other:	<input type="checkbox"/> Interconnection Amendment	<input type="checkbox"/> Publisher's Affidavit		
	<input type="checkbox"/> Late-Filed Exhibit	<input type="checkbox"/> Report		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 3-11, 20 09

2009 MAR 18 AM 11:27

RECEIVED

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Prestige Transportation Services, LLC

2. (a) Street Address of Applicant 109 Concord Place Road

Iemo, SC 29063

(b) Mailing address, if different from street address _____

(c) Telephone Number (803) 407-7574 SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

Handwritten signature/initials

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: 03 Year: 2009

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	\$ 10,000.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Richland

I, Odessa M. Johnson

(Name of Applicant's Representative)

of Odessa M. Johnson Prestige Transportation Services, LLC, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 15 day of March 2009

Shirley E. Walker
(Notary Public)

Odessa M. Johnson
(Signature of Applicant's Representative)

Commission Expires: My Commission Expires August 16, 2011

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Odessa M. Johnson

For the transportation of passengers as follows:

Area to be served: Statewide

Number of passengers: 7

Fares: Logistivare

Date 3-11-09

Odessa M. Johnson
By

Owner
Title

Rev. 8/00

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Odessa M. Johnson
(Applicant)

Date: 3-11-2009

(Applicant's Representative)

Owner
(Title)

EXHIBIT FWA

Name: Prestige Transportation Services, LLC

Address: 109 Concord Place Road Temo, SC 29063

Telephone No. (803) 407-7574 **Fax No.** (803) 407-7574

U.S.D.O.T. No. 0 **ICC No.** 0

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgment(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Odesha M. Johnson
(Applicant's Signature)

Sworn to before me

At _____
This 15 day of March, 2009

Anna E. Walker
(Notary Public)

Commission Expires: My Commission Expires August 16, 2011

APPLICANT'S OATH

I, Odessa M. Johnson, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Odessa M. Johnson
(Applicant's Signature)

Sworn to before me
At Farmington, SC

This 18 day of March, 2009

[Signature]
(Notary Public)

Commission Expires: 10-31-2013

INSURANCE QUOTE

The following insurance quote is for:

Prestige Transportation Services, LLC
(Name of Motor Carrier)

109 Concord Place Road Irmo, SC 29063
(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance \$ 95400

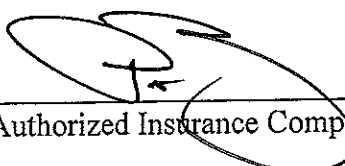
The above quoted premiums are for a term of 12 months.

US Financial Liability
(Insurance Company Name)

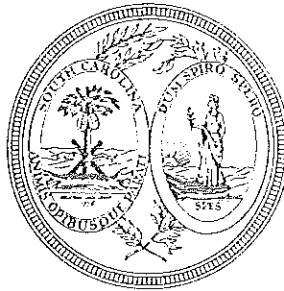
Wynne, PA
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/18/09
Date


(Authorized Insurance Company Representative)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PRESTIGE TRANSPORTATION SERVICE[§] LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 17th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
17th day of March, 2009.



Mark Hammond, Secretary of State

EXHIBIT B

to

TRANSPORTATION AGREEMENT

RATES, INVOICING AND PAYMENT TERMS

entered into by and between

LOGISTICARE SOLUTIONS, LLC ("LGTC")

and

Prestige Transportation Services, ("Provider")
LLC

LGTC and Provider hereby agree to the following terms for invoicing and payment of claims and for the re-submittal of denied claims.

Rates

Only services specifically pre-authorized by LGTC will be compensated. Pricing for transportation performed by Provider under the Agreement shall be as follows:

Class of Services	0-3 Miles	4-6 Miles	7-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	26-30 Miles	31-35 Miles	36-40 Miles	41-45 Miles	Over 45 Miles
Ambulatory	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55	\$ 1.55
Wheelchair	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Share Ride Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Share Ride WC	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Stretcher	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Group Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Group WC	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Stretcher	\$										
Basic Life Support	\$										
Adv. Life Support	\$										